
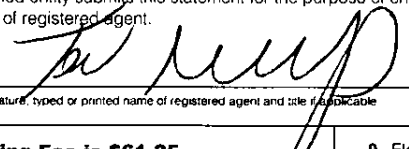
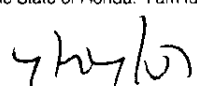
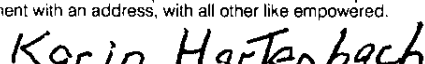


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90080 011 ****61.25

DOCUMENT # N00000004101					
1. Entity Name EAGLES' COVE AT LAKE TARPON HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4299 COVE DRIVE PALM HARBOR, FL 34685			Mailing Address 1880 BELLAIR RD CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Eagles Cove C/O Ted Sharp CPA 2753 S R 580 # 203 Clearwater, FL 33761			
Suite, Apt. #, etc.					
City & State					
Zip	Country	Zip	Country	04222007 Chg-NP CR2E037 (12/06)	
				4. FEI Number 59-3708077	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KMET, KENNETH A 1880 BELLAIR ROAD CLEARWATER, FL 33764			7. Name and Address of New Registered Agent		
			Name Street Ad Ted Sharp CPA 2753 S R 580 # 203 City Clearwater, FL 33761		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE 					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME JONATHAN MINES STREET ADDRESS 4273 COVE DRIVE CITY-ST-ZIP PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE D NAME Karin Hartenbach STREET ADDRESS 2056 Cove Trace CITY-ST-ZIP Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME GUTHRIE, JOHN STREET ADDRESS 4285 COVE DRIVE CITY-ST-ZIP PALM, HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE D NAME Andi Szmiga STREET ADDRESS 4326 Cove Drive CITY-ST-ZIP Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HASSAN, MAZIAD STREET ADDRESS 4270 COVE DRIVE CITY-ST-ZIP PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LISA, LOCKHART STREET ADDRESS 4284 COVE DRIVE CITY-ST-ZIP PALM HARBOR, FL 34685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RDV NAME STREIMATTER, JOHN STREET ADDRESS 4299 COVE DRIVE CITY-ST-ZIP PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 4-25-2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		